

2" x 2"  
Photo Here

4600 KIETZKE LANE, SUITE M-245  
RENO, NEVADA 89502  
(775) 688-1921

# DO NOT FAX APPLICATIONS

## APPLICATION FOR CERTIFICATION OF CHIROPRACTOR'S ASSISTANT

### THE FOLLOWING MUST ACCOMPANY THIS APPLICATION:

- 1 \$138.25 Check, Money Order or Pay by Phone with Credit Card
- 2 One (1) completed fingerprint cards
- 3 Signed and dated civil applicant waiver form
- 4 A recent passport-type photograph

**PLEASE NOTE:** Failure to answer ALL questions completely and truthfully will result in denial of this application.  
**FEES ARE NOT REFUNDABLE.**

### TYPE OR PRINT ONLY:

NAME		WORK EMAIL:		SEX: ____M ____F	
CURRENT RESIDENCE ADDRESS					
CITY/STATE/ZIP				TELEPHONE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	US CITIZEN?	YES	NO	BIRTH PLACE

### TWO PERSONAL REFERENCES OF AT LEAST FIVE (5) YEARS ACQUAINTANCE:

NAME	
ADDRESS	
CITY/STATE/ZIP	TELEPHONE
NAME	
ADDRESS	
CITY/STATE/ZIP	TELEPHONE

### CURRENT EMPLOYER:

EMPLOYER'S NAME	
EMPLOYER'S ADDRESS	
CITY/STATE/ZIP	EMPLOYER'S PHONE & FAX

1. List all states where you have ever applied for certification as a Chiropractor's Assistant, the result of each application, and the current status of each application:

---

2. If you have ever been certified as a Chiropractor's Assistant in any other state are you now or have you ever been the subject of a proceeding to discharge, dismiss or discipline you or any other proceeding of a like nature:

\_\_\_\_\_ YES \_\_\_\_\_ NO      If yes, name the state and give disposition of charges:

---

---

3. Have you ever been arrested for or charged with any crime other than a traffic violation (include any DUI's)? NOTE: Even if you have had records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, name the state and give disposition:

Have you ever been convicted of a crime other than a traffic violation (include any DUI's)? NOTE: Even if you have had records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.

4. records sealed and you have been told that your file has been cleared, you must report this information, including juvenile records.

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, name the state and give disposition:

5. Have you ever defaulted on a HEAL (Health Education Assistance Loan)?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, give details and current status:

6. Have you ever been drug or alcohol dependent and/or enrolled in a drug or alcohol rehabilitation program?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, give details and current status:

7. Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Branch(es) of Service \_\_\_\_\_

8. Please mark the appropriate response regarding child support - **even if you have no children** (FAILURE TO MARK ONE OF THE BOXES BELOW WILL RESULT IN DENIAL OF THE APPLICATION):

☐

I AM NOT subject to a court order for the support of a child or children.

☐

I AM subject to a court order for the support of one or more children and I AM in compliance with the order or I AM in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐

I AM subject to a court order for the support of one or more children and AM NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

9. Regarding **child abuse**, the following block **MUST BE READ AND INITIALED:**

Initial Here

Date

I have been informed that I am required by law to report the abuse or neglect of a child to an agency that provides child welfare services or to a law enforcement agency no later than 24 hours after I knew or had reasonable cause to believe the child has been abused or neglected.

### CERTIFICATION OF CHIROPRACTOR'S ASSISTANT TRAINING

EMPLOYER/SUPERVISING DC:

DATE OF HIRE

ADDRESS

CITY/STATE/ZIP

TELEPHONE

**INDICATE PREVIOUS TRAINING OR CERTIFICATION:**1. ☐ FORMAL PROGRAM (TRANSCRIPT MUST BE SENT FROM SCHOOL)

SCHOOL ATTENDED:

DATES ATTENDED: FROM THROUGH TOTAL NUMBER OF CLASSROOM HOURS ATTENDED:

**IF YOU HAVE ALREADY RECEIVED FORMAL TRAINING AS A CHIROPRACTOR'S ASSISTANT AND COMPLETED NO. 1, SKIP NOS. 2 AND 3 AND SIGN AT THE BOTTOM OF THIS PAGE IN THE PRESENCE OF A NOTARY.****NOTE: TO APPLICANTS WHO ARE APPLYING FOR CERTIFICATION UNDER THE PROVISION FOR ON-THE-JOB TRAINING - APPLICATIONS MUST BE SUBMITTED WITHIN 15 DAYS OF BEGINNING OF TRAINING.**2. ☐ ON-THE-JOB TRAINING IN CHIROPRACTIC FACILITY3. ☐ ON-THE-JOB TRAINING IN A HEALTH CARE FACILITY OTHER THAN CHIROPRACTIC**IF 2 OR 3 ABOVE APPLY, PLEASE COMPLETE THE FOLLOWING:**

NAME OF PERSON RESPONSIBLE FOR YOUR TRAINING

ADDRESS

CITY/STATE/ZIP

TELEPHONE

DATES OF TRAINING: BEGINNING: ENDING:

**AFFIDAVIT:**

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the chiropractic profession; that he/she will notify the CPBN of any and all changes to the information in this application, including changes of address and that he/she has otherwise met all statutory requirements and will abide by the provisions of NRS and NAC 634 including that he/she will not perform chiropractic adjustments or any other act prohibited by NAC 634.460 and that he/she has read and understands this affidavit.

DATE

APPLICANT'S SIGNATURE

COUNTY OF

STATE OF

SIGNED AND SWORN TO BEFORE ME ON THIS DAY OF 20

NOTARY PUBLIC